а	Tax year/Form corrected/ W-2	44444	Void		For Official Use Only ► OMB No. 1545-0008						
b	Employee's name, address, and ZIP code  Corrected name (if checked, also complete box h)			c Employer's name, address, and ZIP code							
d	Employee's correct SSN		boxes g and/o orrect on last		e l	e Employer's Federal EIN f I			f Employer's state ID number		
g	Employee's incorrect SSN h Employee's name (as incorrectly sho			wn on previous form)			<b>Note:</b> Only complete money fields that are being corrected (except MQGE).				
	Previously reported	Coi	rect inforr	mation		Previously reported		Corre	ct inform	nation	
1	Wages, tips, other compensation	1 Wages,	tips, other com	pensation	2	Federal income tax withheld		2 Federal in	ncome tax v	withheld	
3	Social security wages	3 Social	security wage	S	4 :	Social security tax withheld		4 Social security tax withheld		rithheld	
5	Medicare wages and tips	5 Medica	are wages and	tips	6 1	Medicare tax withheld		6 Medicare	tax withhel	ld	
7	Social security tips	7 Social	security tips		8 /	Allocated tips		8 Allocated	tips		
					13	Statutory Retirement Third-party employee plan sick pay	1	Statutory employee	Retirement plan	Third-party sick pay	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A—For Social Security Administration

Form **W-2c** (Rev. 12-2001)

**Corrected Wage and Tax Statement** 

Cat. No. 61437D Department of the Treasury Internal Revenue Service

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а	Tax year/Form corrected/ W-2 OMB No. 15			c Employer's name, address, and ZIP code					
b	Employee's name, address, and								
d	Employee's correct SSN	Complete boxes g and/o only if incorrect on last		e Employer's Fed	eral EIN	f Employe	er's state ID nu	umber	
g	Employee's incorrect SSN h Employee's name (as incorrectly sh			n on previous form)					
	Previously reported	Correct inform	nation	Previous	y reported	Corr	ect inform	ation	
1	Wages, tips, other compensation	1 Wages, tips, other compe	ensation	2 Federal income	tax withheld	2 Federal	income tax w	vithheld	
3	Social security wages	3 Social security wages		4 Social security	tax withheld	4 Social s	security tax wi	thheld	
5	Medicare wages and tips	5 Medicare wages and t	ips	6 Medicare tax w	ithheld	6 Medica	re tax withheld	d	
7	Social security tips	7 Social security tips		8 Allocated tips		8 Allocate	ed tips		
				Statutory employee plan	ment Third-party sick pay	13 Statutory employee	Retirement plan	Third-party sick pay	

Form **W-2c** (Rev. 12-2001)

**Corrected Wage and Tax Statement** 

Copy 1—For State, City, or Local Tax Department

Department of the Treasury
Internal Revenue Service

а	Tax year/Form corrected/ W-2		OMB No. 15	45-0008	Safe, accurate, FAST! Use	IRS P	file	Visit the IRS Web Site at www.irs.gov.		
b	b Employee's name, address, and ZIP code  Corrected name (if checked, also complete box h)				c Employer's name, address, and ZIP code					
d	Employee's correct SSN	Complete boxes g and/c only if incorrect on last		e Emplo	yer's Federal EIN		f Employer's	s state ID number		
g	Employee's incorrect SSN h Employee's name (as incorrect)			ctly shown on previous form)						
	Previously reported	Correct inforr	mation	Pr	eviously repo	rted	Correc	ct information		
1	Wages, tips, other compensation	1 Wages, tips, other comp	pensation	2 Federa	Il income tax withl	neld	2 Federal inc	come tax withheld		
3	Social security wages	3 Social security wages	3	4 Social	security tax withh	eld	4 Social sec	urity tax withheld		
5	Medicare wages and tips	5 Medicare wages and	tips	6 Medica	are tax withheld		6 Medicare	ax withheld		
7	Social security tips	7 Social security tips		8 Allocat	ed tips		8 Allocated	tips		
				13 Statutory employee		hird-party ick pay	13 Statutory employee	Retirement Third-party plan sick pay		

Copy B—To Be Filed With Employee's FEDERAL Tax Return

**Corrected Wage and Tax Statement** 

Form **W-2c** (Rev. 12-2001)

Department of the Treasury Internal Revenue Service

а	Tax year/Form corrected/ W-2		OMB No. 1545	Safe, accurate, FAST! Use	IRSP 1	Visit the IRS Web Site at www.irs.gov.	
b	Employee's name, address, and	(if	orrected name checked, also emplete box h)	c Employer's name, addre	ess, and ZIP cod	le	
d	Employee's correct SSN	Complete boxes g and/c only if incorrect on last		e Employer's Federal EIN		f Employer's state ID number	
g	Employee's incorrect SSN	incorrectly shown	on previous form)				
	Previously reported	Correct inforr	mation	Previously repo	rted	Correct information	
1	Wages, tips, other compensation	1 Wages, tips, other comp	pensation 2	2 Federal income tax with	held	2 Federal income tax withheld	
3	Social security wages	3 Social security wages	. 4	4 Social security tax withh	neld	4 Social security tax withheld	
5	Medicare wages and tips	5 Medicare wages and	tips 6	6 Medicare tax withheld		6 Medicare tax withheld	
7	Social security tips	7 Social security tips	8	3 Allocated tips		8 Allocated tips	
			1.		Third-party 1 sick pay	Statutory Retirement Third-party sick pay	

Copy C—For EMPLOYEE'S RECORDS

Form **W-2c** (Rev. 12-2001)

**Corrected Wage and Tax Statement** 

Department of the Treasury Internal Revenue Service

## **Notice to Employee**

This is a corrected **Form W-2**, Wage and Tax Statement, (or Form W-2AS, W-2CM, W-2GU, or W-2VI) for the tax year shown in box a. If you have filed an income tax return for the year shown, you may have to file an amended return. Compare amounts on this form with those reported on your income tax return. If the corrected amounts change your U.S. income tax, file **Form 1040X**, Amended U.S. Individual Income Tax Return, with Copy B of this Form W-2c to amend the return you already filed.

If you have not filed your return for the year shown in box a, attach Copy B of the original Form W-2 you received from your employer and Copy B of this Form W-2c to your return when you file it.

For more information, contact your nearest Internal Revenue Service office. Employees in American Samoa, Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

а	Tax year/Form corrected OME			MB No. 1545-0008					
b	Employee's name, address, and	orrected name checked, also mplete box h)	c Employer's name, address, and ZIP code						
d	Employee's correct SSN	Complete boxes g and/or only if incorrect on last		e Employer's Fed	eral EIN	f Employer's	s state ID nu	ımber	
g	g Employee's incorrect SSN h Employee's name (as incorrect			rrectly shown on previous form)					
	Previously reported	Correct inform	nation	Previousl	y reported	Corre	ct informa	ation	
1	Wages, tips, other compensation	1 Wages, tips, other compe	ensation 2	2 Federal income	tax withheld	2 Federal in	come tax wit	thheld	
3	Social security wages	3 Social security wages	4	4 Social security t	ax withheld	4 Social sec	urity tax with	nheld	
5	Medicare wages and tips	5 Medicare wages and t	tips 6	6 Medicare tax wi	thheld	6 Medicare	tax withheld		
7	Social security tips	7 Social security tips	8	8 Allocated tips		8 Allocated	tips		
			1	3 Statutory Retire plan	ment Third-party sick pay	13 Statutory employee	Retirement plan	Third-party sick pay	

Form **W-2c** (Rev. 12-2001)

**Corrected Wage and Tax Statement** 

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

Department of the Treasury Internal Revenue Service

а	Tax year/Form corrected/ W-2	Void OMB No. 1	545-0008					
b	e Employee's name, address, and	ZIP code Corrected name (if checked, also complete box h)	c Employer's name, address, and ZIP code					
d	Employee's correct SSN	Complete boxes g and/or h (below) only if incorrect on last form filed.	e Employer's Federal EIN	f Employer's state ID number				
g	Employee's incorrect SSN	h Employee's name (as incorrectly sho	wn on previous form)					
	Previously reported	Correct information	Previously reported	Correct information				
1	Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld				
3	Social security wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld				
5	Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld				
7	Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips				
			13 Statutory Retirement Third-party sick pay	13 Statutory Retirement Third-party sick pay				

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **W-2c** (Rev. 12-2001)

**Corrected Wage and Tax Statement** 

Copy D—For Employer Department of the Treasury Internal Revenue Service

## Employers, Please Note:

Specific information needed to complete Form W-2c is given in the separate **Instructions for Forms W-2c and W-3c** (December 2001). You can order those instructions

and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS Web Site at www.irs.gov.